

# Confidential Financial Review

<b>Client(s) Name</b>	
<b>Adviser Name</b>	
<b>Firm Name</b>	
<b>Date Fact Find completed</b>	

## Diary of Events

<b>Date / version number of Initial Disclosure Document issued</b>	<b>Date Fee Agreement issued*</b>	<b>Date/Version no of Menu issued*</b>	<b>Date Data Protection Statement Issued*</b>	<b>Date Verification of Identity Requirements Satisfied</b>

<b>Provider(s) / Product Code(s)</b>	<b>Date Client-Specific Illustration / Key Features issued</b>
1	
2	
3	
4	
5	
6	
7	
8	

<b>Date of Commission Disclosure</b>	<b>Date Proposal signed by Client</b>	<b>Date Proposal issued to Provider</b>	<b>Date of Suitability Report</b>
1			
2			
3			
4			
5			
6			
7			
8			

**Please use additional Notes pages where necessary throughout the fact find.**

\* If applicable.

This questionnaire is designed to provide a financial adviser with information required by the Financial Services and Markets Act 2000. Periodically your adviser may need to confirm the information is correct. To ensure that suitable advice is provided and recommendations are based on sound information it is important that the questions are answered as fully as possible where relevant. Unless otherwise stated the client is classified as RETAIL client.

# Basis of Advice

<b>Client(s) Name</b>	
<b>Date</b>	

<b>Basis of Advice</b>	
We recommend our full review service covering all of the financial planning need areas described in the areas of Protection, Pensions and Investment Planning sections below. Are you happy for us to do this? If 'No', please highlight the specific areas that you would like us to limit our advice to. <i>Additional Notes pages should be used to provide details of why any objectives have been classed as future, declined or not relevant.</i>	Yes / No
We may also offer advice on mortgages and/or general insurance. We recommend that you include these areas within your review. Are you happy for us to do this? If 'Yes', please highlight the areas where you require advice.	Yes / No
Our basis of advice will not include specific recommendations in respect of the areas included in the Specialist Advice section, unless you request us to consider them for you. Do you require any specialist advice? If 'Yes', please highlight the areas you would like us to consider.	Yes / No

	Self	Partner
	Now / Future / Declined / Not relevant	
<b>PROTECTION, PENSIONS AND INVESTMENT PLANNING</b>		
<b>1. Protection - Providing a Cash Sum or Income (Protection Contracts Questionnaire)</b>		
I / We want to review the amount of cash or income my partner/ family will receive in the event of death.		
I / We want to review the amount of cash / income I will receive in the event of critical illness, accident or long term sickness.		
I / We want to review the situation regarding the repayment of our mortgage in the event of death or critical illness.		
<b>2. Personal Retirement Planning</b>		
I / We want to review my / our retirement provision. <b>(Personal Retirement Planning Questionnaire)</b>		
I / We want to consider my / our options at retirement. <b>(Pension Vesting Options Questionnaire)</b>		
<b>3. Savings &amp; Investment Advice (Savings &amp; Investments Questionnaire)</b>		
I / We want to review my / our investment portfolio.		
I / We want to review my / our regular savings.		

	Now / Future / Declined / Not relevant	
<b>STANDARD MORTGAGES &amp; GENERAL INSURANCE</b>		
<b>4. Standard Mortgage Provision (Mortgage Factfind)</b>		
I / We want to review our choice of mortgage lender, or consider re-mortgaging or taking a further advance.		
<b>5. General Insurance</b>		
I / We want to review my / our private medical insurance. <b>(Private Medical Insurance Questionnaire)</b>		
I / We want to review my / our buildings & contents insurance. <b>(Buildings &amp; Contents Questionnaire)</b>		
I / We want to review my / our payment protection insurance (PPI). <b>(Protection Contracts Questionnaire)</b>		

	Now / Future / Declined / Not relevant	
<b>SPECIALIST ADVICE</b>		
<b>6. Inheritance Tax Planning (IHT Planning Questionnaire)</b>		
I / We want to review any potential inheritance tax liability on my / our estate.		
<b>7. Long-Term Care Planning (Long Term Care Questionnaire)</b>		
I / We want to make provision for long-term care should specialist nursing be required for an extended period using insurance products.		
<b>8. Occupational Pension Transfers (Pension Transfer Questionnaire)</b>		
I / We want to consider transferring deferred benefits from a previous occupational pension scheme.		
<b>9. Other</b>		
I / We want to review other objectives / goals. Please provide full details on separate Notes page.		

<b>Client(s) Name</b>	
<b>Date</b>	

<b>Client(s) Details</b>				
	<b>Self</b>		<b>Partner</b>	
Title / Sex		M / F		M / F
Forename(s)				
Surname				
Known as				
Date of Birth				
Marital Status				
National Ins No. / UK Resident		Yes / No		Yes / No
Home Address (Only complete 'Partner' details if different.)				
Time at current address in years & months (If less than 3 years, give details of all previous addresses for 3 years on separate Notes page.)				
Home Telephone Number				
Mobile Number				
E-mail address				
Preferred method of contact				
Do you foresee any changes to your personal circumstances?	Yes / No		Yes / No	
Are you in good health?	Yes / No		Yes / No	
Do you have any medical conditions? If 'Yes', give full details on separate Notes page.	Yes / No		Yes / No	
Have you smoked in the last 12 months?	Yes / No		Yes / No	
Employment Status	Employed / Self-Employed / Retired / Other		Employed / Self-Employed / Retired / Other	
If retired / other, what was your former occupation?				
Have you ever had a change of career? If so, give details in notes.	Yes / No		Yes / No	
At what age do you intend to retire?				
Do you have any religious beliefs that would affect financial planning? If 'Yes', give details on Notes page.	Yes / No		Yes / No	

<b>Children and other Dependants (Partner / Grandchildren / Elderly dependants etc.)</b>				
Do you have any dependants?				Yes / No
<b>Name</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Financially dependent?</b>	<b>Sex</b>
1			Yes / No	M / F
2			Yes / No	M / F
3			Yes / No	M / F

<b>Client(s) Name</b>	
<b>Date</b>	

<b>Occupation Details</b>		
	<b>Self</b>	<b>Partner</b>
Main Occupation		
Job title of main occupation		
Secondary occupation		
Secondary job title		
Employer / Business Name		
Employer / Business Address		
Employer's Tel. Number / Co. Mobile No.		
Fax Number		
E-mail address at work		
Date started employment / Business?		
Gross Income per annum / Net Profit (if self-employed)	£	£
Gross Benefits in Kind (P11d)	£	£
Do you intend to change jobs? If yes, give details in notes.	Yes / No	Yes / No

<b>Income Details</b>			
	<b>Self</b>	<b>Partner</b>	<b>Joint</b>
Net monthly "take-home pay" / Net Drawings (if self-employed)	£	£	£
Net monthly part-time/secondary occupation income	£	£	£
Net monthly guaranteed commission / bonus / overtime	£	£	£
Net monthly pension income	£	£	£
Net monthly investment income	£	£	£
Other net monthly income	£	£	£
<b>Total Net Monthly income</b>	£	£	£
Highest rate of income tax?	%	%	%
Do you see your income changing in the near future?	Yes / No	Yes / No	Yes / No
Pay / Pension review date			

<b>Client(s) Name</b>	
<b>Date</b>	

**Outgoing Details**

Would you like to look at your monthly outgoings in detail? Yes / No  
 If 'Yes', complete 'Detailed Breakdown of Outgoings'. If 'No', just complete the total boxes below.

Total Net Monthly Income	£
Total Monthly Committed Outgoings	£
Total Monthly Discretionary Outgoings	£
Total Monthly Outgoings	£
Disposable Monthly Income	£
Do you expect to see your outgoings change in the near future? If 'Yes', please provide details in Notes section below.	Yes / No

**Notes**

Please summarise your client's current experience and knowledge of investments (include details of any previous investments held with dates). Include any other relevant information to support your recommendation(s).

<b>Client(s) Name</b>			
<b>Date</b>			
	<b>Self</b>	<b>Partner</b>	<b>Joint</b>
<b>Assets</b>			
Home (Primary Residence)*	£	£	£
Other Properties	£	£	£
Contents & Personal Effects	£	£	£
Personally Owned Vehicles	£	£	£
Business Interests	£	£	£
Current Account Balance	£	£	£
Building Society & Deposits	£	£	£
TESSAs / TESSA ISA	£	£	£
PEPs	£	£	£
Cash ISAs	£	£	£
Equity / Insurance ISAs	£	£	£
Investment Bonds	£	£	£
Unit / Investment Trusts	£	£	£
Stock-Market Shares	£	£	£
Loan Stocks & Gilts	£	£	£
Other Assets (including National Savings)	£	£	£
<b>Total Assets (TA)</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>Liabilities</b>			
Mortgages	£	£	£
Other Loan Amounts	£	£	£
Credit Card Balances	£	£	£
Store Card Balances	£	£	£
Overdraft Balance	£	£	£
<b>Total Liabilities (TL)</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>Summary of Assets &amp; Liabilities</b>			
Total Assets (TA)	£		
Total Liabilities (TL)	£		
<b>Net Asset Position</b>	<b>£</b>		
Do you expect any of these to change in the near future? If 'Yes', please provide details on separate Notes page.	Yes / No		
Do you have loan protection on your liabilities? If 'Yes', please provide details on separate Notes page.	Yes / No		

\* Tenancy in common / Joint tenancy (Joint property / Common property in Scotland) / Commonhold

<b>Client(s) Name</b>	
<b>Date</b>	

<b>Existing Plans</b>
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If the answer is "yes" to any of the following questions and it is relevant to the advice being given, print the appropriate Existing Plan form and provide further details.

	<b>Self</b>	<b>Partner</b>
<b>Transitional Protection Arrangements</b> Pensions simplification on 6th April 2006 introduced transitional protection arrangements; the implications need to be considered with both pension and protection clients.		
Have you applied for enhanced protection?	Yes / No	Yes / No
Have you applied for primary protection?	Yes / No	Yes / No
If 'Yes', what is your personal lifetime allowance (as a percentage of the standard lifetime allowance)?	%	%

<b>Protection (Existing Protection Plans)</b>
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Do you have any existing life assurance plans?	Yes / No	Yes / No
Do you have any existing critical illness plans?	Yes / No	Yes / No
Do you have any existing income protection plans?	Yes / No	Yes / No
Do you have any protection benefits from any employer? (e.g. sick pay, death-in-service)	Yes / No	Yes / No

<b>Retirement (Existing Pension Plans)</b>
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Are you currently in an occupational pension scheme?	Yes / No	Yes / No
Are you eligible to join one, now or in the future?	Yes / No	Yes / No
If 'Yes', record the date when joined or when eligible?		
If 'No', but eligible, why have you not joined?		
Do you have any preserved occupational arrangements?	Yes / No	Yes / No
Are you currently contributing to any private pension arrangement?	Yes / No	Yes / No
Do you have any previous private pension arrangements?	Yes / No	Yes / No
Are you contracted out of the state pension scheme?	Yes / No	Yes / No
Have you had any previous benefit crystallisation events?	Yes / No	Yes / No

<b>Savings &amp; Investments (Existing Savings &amp; Investments)</b>
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Do you have any existing investments?	Yes / No	Yes / No
Do you have any existing regular savings?	Yes / No	Yes / No

<b>Private Medical Plans (Existing Private Medical Insurance)</b>
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Do you have any existing private medical plans?	Yes / No	Yes / No
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<b>Buildings &amp; Contents (Existing Buildings &amp; Contents Insurance)</b>
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Do you have existing buildings & contents insurance?	Yes / No	Yes / No
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<b>Client(s) Name</b>	
<b>Date</b>	

<b>Summary of Client Needs</b>	
<ul style="list-style-type: none"> <li>• If client(s) aims &amp; objectives have changed during fact-finding, detail why.</li> <li>• Adviser to indicate any areas of concern not reviewed and the outcome of these discussions.</li> </ul>	

<b>Initial Advice Ideas</b>	
<ul style="list-style-type: none"> <li>• Briefly summarise agreed course of action.</li> </ul>	

<b>Discontinued Plans</b>	
Whether recommended or not, to your knowledge will any plan be lapsed, surrendered, cancelled or converted to enable the prospective plan to be effected? If 'Yes', complete relevant discontinued plans form or include all details in the suitability report.	Yes / No